### Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

13280

Application ID:

09683331

**VOICE REVIEW OF PRIVACY** 

Title of Invention:

POLICY IN A MOBILE

**ENVIRONMENT** 

First Named Inventor:

Lalitha Suryanarayana

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

null

Effective Receipt Date:

2001-12-14

Submission Type:

**Utility Patent Filing** 

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

T00355

Digital Certificate Holder:

cn=Kenneth Wayne Bolvin, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

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Total Fees Authorized:

\$1340.0

Payment Category:

CC - Credit Card

Credit Card Number:

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**Expiration Date:** 

04302002

Card Holder Name:

Kenneth Wayne Bolvin

RAM User ID:

**EFSPROD** 

**RAM Accounting Date:** 

2001-12-14

RAM Sequence Number:

374886

RAM Payment Status:

RAM success

Postal Code:

75070-0871

#### TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket Number:

T00355

Submission Type: Utility Patent

**Filing** 

# **VOICE REVIEW OF PRIVACY POLICY** IN A MOBILE ENVIRONMENT

First Named Inventor: Lalitha Suryanarayana

SUBMITTED BY

Name:

W

N

Kenneth Bolvin

Registration Number:

34125

Electronic Signature Mark: Kenneth

W. Bolvin

Date Signed: 20011214

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Attached Files:

declaration

dec1.tif

declaration

dec2.tif

bibd-transmittal

sbcapds.xml

fee-transmittal

sbcfee.xml

t00355.xml

Domest I do the total the terms of the terms

Attached Image File(s):

dec1.tif

dec2.tif

Comments:

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	T00355
		First Named Inventor	Suryanarayana, Lalitha
		COMPLETE IF KNOWN	
		Application Number	
Declaration	Declaration	Filing Date	12/14/2001
	ted OR Submitted after Initial	Art Unit	
		Examiner Name	

As the below named inventor, I he	reby declare that:					
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
VOICE REVIEW OF PRIVACY POLICY IN A MOBILE ENVIRONMENT						
	(Title of the	Invention)				
the specification of which						
is attached hereto						
OD						
OR						
was filed on (MM/DD/YYYY)		as United States A	pplication Number	or PCT International		
Application Number	and was amend	led on (MM/DD/YYYY)		(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
Additional foreign application nu	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

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	267	782			
Name	PATENT TRAD		CE		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:	A petition I	nas bee	en filed for this unsign	ned inventor	
Given Name Lalitha Suryanarayana					
(first and middle [if any])		Family or Sur	y name	aila	
		OI Sui	mame		
Inventor's Signature				1	
	T		ı — — — — — — — — — — — — — — — — — — —	Date	
Austin	TX		US	US	
Residence: City	State		Country	Citizenship	
9913 Liriope Cove					
Mailing Address					
Austin	TX		78750	US	
City	State ZIP			Country	
NAME OF SECOND INVENTOR:	A petition ha	s been	filed for this unsigne		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					
Given Name			Family Name		
(first and middle [if any])			or Surname		
Inventor's					
Signature				Date	
Residence: City	State		Country	OW	
State Country Citizenship					
Mailing Address					
City	State		ZIP	Country	
Additional inventors are being named on thesu	pplemental Addition	nal Inve	ntor(s) sheet(s) PTO/SB/0		

[Page 2 of 2]

## FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

#### **TOTAL FEES AUTHORIZED: \$ 1340**

#### BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

8207

**Expiration Date:** 

20020430

Authorized Name:

Kenneth Wayne Bolvin

Billing Address:

75070-0871

BASIC FILING FEE

Fee Description	Fee Code Fee Paid		
Utility Filing Fee	101	\$ 740	

Subtotal For Basic Filing Fee: \$ 740

#### **EXTRA CLAIM FEES**

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 30	103	\$ 18	10	\$ 180
Independent Claims: 8	102	\$ 84	5	\$ 420

Subtotal For Extra Claims Fees: \$ 600